Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

### Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: Workers Compensation SERFF Tr Num: WESA-125367917 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #1694 \$100 Sub-TOI: 16.0004 Standard WC Co Tr Num: CCIC-WC-07-002 State Status: Fees verified and

received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Westmont Associates Disposition Date: 11/28/2007

Date Submitted: 11/26/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

#### **General Information**

Project Name: Workers Compensation

Status of Filing in Domicile: Not Filed

Project Number: CCIC-WC-07-002

Domicile Status Comments: Not Filed

Reference Organization: None Reference Number: None Advisory Org. Circular: n/a

Filing Status Changed: 11/28/2007

State Status Changed: 11/28/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Adoption of the latest approved NCCI Workers Compensation loss costs.

Please note that per an e-mail from Carol Stiffler dated 11/19/07, the filing fees associated with this filing were previously submitted with check #1694 for \$100.00

# **Company and Contact**

#### **Filing Contact Information**

Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, Compliance Analyst wes@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

**Filing Company Information** 

Carolina Casualty Insurance Company CoCode: 10510 State of Domicile: Florida

P.O. Box 2575 Group Code: 98 Company Type:

Jacksonville, FL 32203 Group Name: W.R. Berkley Group State ID Number:

(904) 363-0900 ext. [Phone] FEIN Number: 59-0733942

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Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

## **Filing Fees**

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$100.00 filing fee

Per Company: No

CHECK NUMBER CHECK AMOUNT CHECK DATE 1694 \$100.00 11/14/2007

Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

# **Correspondence Summary**

### **Dispositions**

Status Created By		Created On		Date Submitted		
Approved Carol Stiffler Filing Notes		11/28/2007		11/28/2007		
Subject		Note Type		Created By	Created On	Date Submitted
Filing Fee		Note To Reviewe	er	Westmont Associates	11/26/2007	7 11/26/2007

Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

## **Disposition**

Disposition Date: 11/28/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

Item Type	Item Name	Item Status	<b>Public Access</b>
Supporting Document	Uniform Transmittal Document-Property Casualty	&Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes

Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

**Note To Reviewer** 

#### Created By:

Westmont Associates on 11/26/2007 01:29 PM

Subject:

Filing Fee

Comments:

Good afternoon.

Please be advised that the filing fee of \$100 was previously submitted. Please note that per Carol Stiffler, previously submitted check # 1694 (\$100.00) may be used as the filing fee for this submission.

If you have any questions, please do not hesitate to contact me.

Thank you.

Meghan

Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

### **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: CCIC-WC-07-002

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation / CCIC-WC-07-002

## **Supporting Document Schedules**

**Review Status:** 

Bypassed -Name: Uniform Transmittal Document- Approved 11/28/2007

Property & Casualty

Bypass Reason: This form is not required for this submission.

Comments:

Review Status:

Bypassed -Name: NAIC Loss Cost Filing Document Approved 11/28/2007

for Workers' Compensation

Bypass Reason: Per a telephone conversation with Carol Stiffler, it is our understanding that this iform is exempt

from being submitted with this filing.

**Comments:** 

**Review Status:** 

Satisfied -Name: NAIC loss cost data entry document Approved 11/28/2007

**Comments:** 

Attached is the Loss Cost filing document.

Attachment:

AR Trans CCIC.pdf

**Review Status:** 

Satisfied -Name: Cover Letter Approved 11/28/2007

Comments:

Attached is the Cover Letter

Attachment:

Cover Letter - CCIC.pdf

**Review Status:** 

Satisfied -Name: Letter of Authorization Approved 11/28/2007

Comments:

Attached is the Letter of Authorization.

Attachment:

Carolina Casualty L of A.pdf

#### FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CA	LCU	LATION OF (	COMPANY LOSS COST MULTI	PLIER
T	his fil	ing transmitta	al is part of Company Tracking #	CCIC-WC-07-002
			nds to form filing number ber of form filing, if applicable)	N/a
	$\boxtimes$ l	oss Cost Re	eference Filing (NCCI)	☐ Independent Rate Filing
	(.	Advisory Org, 8	& Reference filing #) NCCI - AR-200	7-10
it i ins in	s a n surer the o	nember, sub hereby files captioned Re	scriber or service purchaser o s (to be deemed to have indep eference Filing. The insurer's	rganization's loss costs, the above insurer hereby declares that if the named advisory organization for this line of insurance. The endently submitted as its own filing) the prospective loss costs rates will be the combination of the prospective loss costs and use constants specified in the attachments.
1.	Che	eck <u>one</u> of th	e following:	
		revisions of be the com and if utilize the effective	f the advisory organization's pro abination of the advisory organized, expense constants specified by date of the advisory organiz	It multipliers and, if utilized, expense constants be applicable to future expective loss costs for this line of insurance. The insurer's rates will cation's prospective loss costs and the insurer's loss cost multipliers in the attachments. The rates will apply to policies written on or after cation's prospective loss costs. This authorization is effective until amended or withdrawn by the insurer.
		Note: Som	ne states have statutes that pro	ohibit this option for some lines of business.
		The insurer the above A	r hereby files to have its loss co: Advisory Organization Reference	st multipliers and, if utilized, expense constants be applicable only to Filing.
2.			apply to all class codes? YES	
_		· -		fected class with appropriate justification.
3.		s cost modi		the last costs in the continued reference filling.
		eck One)	nereby files to adopt the prospec	tive loss costs in the captioned reference filing:
	`	,	lification (factor = 1.000)	
			,	nature and percent modification, and attach
			ata and/or rationale for the modif	
<b>B.</b> Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000			or: (See Examples Below) <u>1.000</u>	
		Example 1:	Loss cost Modification Factor: (1.000100) should be used.	If your company's loss cost modification is -10%, a factor of .90
		Example 2:	Loss cost Modification Factor: (1.000 + .150) should be used.	If your company's loss cost modification is =15%, a factor of 1.15

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	14.00	%
B.	General Expense	6.0	%
C.	Taxes, Licenses & Fee	5.50	%
D.	Underwriting profit & contingencies*	2.50	%
E.	Other (explain)	0.00	%
F.	Total	28.00	%
	* Explain how investment income is taken into account		

5.	Α.	Expected Loss Ratio: ELR = 100% - 4F =	72.00
	B.	ELR in Decimal Form =	.7200

#### NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.053
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	.98
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.36
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.36

10.	Are you amending your minimum premium formula?	Yes	No
	If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.		
11.	Are you changing your premium discount schedules?		
	If yes, attach schedules and support, detailing premium or rate level changes.		$\boxtimes$



November 26, 2007

The Honorable Julie Benafield-Bowman Commissioner of Insurance Arkansas Insurance Department 1200 West 3rd Street Little Rock, AR 72201-1904

Attn: Workers' Compensation Review Section

RE: Carolina Casualty Insurance Company

NAIC#: 10510 FEIN#: 59-0733942 Workers' Compensation

Adoption of Bureau Loss Costs Company Filing #: CCIC-WC-07-002 Effective Date: January 1, 2008

Dear Commissioner Benafield-Bowman:

On behalf of Carolina Casualty Insurance Company, we are filing for the adoption of latest approved NCCI Workers Compensation loss costs. A Letter from the Company authorizing Westmont Associates to file on its behalf is enclosed.

The Company is filing to adopt the most recent NCCI loss costs for workers' compensation in your jurisdiction, which were filed under NCCI Item #AR-2007-10 and approved effective January 1, 2008. The Company will continue to utilize a Loss Cost Multiplier of 1.36 in coordination with these loss costs.

Your favorable review and acknowledgement is respectfully requested. Enclosed you will find a self addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your acknowledgement.

Respectfully submitted,

# Wesley Pohler

Wesley Pohler Assistant Vice President wes@westmontlaw.com

Enc.

Cc - M. Logan



P.O.Box 2575 • Jacksonville, Florida 32203 • Phone 904/363-0900 • FAX 904/363-8098

October 9, 2006

RE: CAROLINA CASUALTY INSURANCE COMPANY (CCIC) (NAIC #10510)

Letter of Authorization for Workers Compensation

Filing of Forms, Rates and Rules

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler and Westmont Associates, Inc. are hereby authorized to file workers compensation forms, rates and rules on behalf of CCIC.

If you have any questions regarding this authorization, please call Richard J. Smeltzer, Manager, Rates & Forms, at 1-800-874-8053, ext. 7275 or send an e-mail to <a href="mailto:RSmeltzer@carolinacas.com">RSmeltzer@carolinacas.com</a>.

Sincerely,

Betty C. Sutherland

Vice President and Secretary

Government and Industry Relations Department

(904) 363-8062

(13)